



Registrar's Office
352 Lafayette Street, Salem, MA 01970

REQUEST TO TAKE COURSE CREDIT OUTSIDE SALEM STATE UNIVERSITY

Please Print Clearly. Use One Form for Each Course.

Student ID Number

Class

Last Name

First Name

Middle

Date of Course

Institution

Course #

Course Title

Credit Hours

State the SSU course number and title for which the above course substitutes.

Course #

Course Title

Signature of SSU Subject Department Chair

Date

Course must be completed with a C- grade or better and the submission of an official transcript to the Registrar.

Revised 10/15/10

Original - Registrar

Yellow - Department Chairperson

Pink - Student